

Case Number:	CM14-0170494		
Date Assigned:	10/20/2014	Date of Injury:	12/01/2004
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old male who reported an injury on 10/12/2004; he felt pain in his low back while he was moving heavy equipment at work. Diagnoses were persistent right leg pain, numbness and tingling, status post lumbar decompressive laminectomy at L4-5, and history of previous lumbar decompressive laminectomy L5-S1. Past treatments were not reported. The injured worker had a physical examination on 08/25/2014 that revealed the injured worker was 6 weeks postoperative following lumbar decompressive laminectomy and extra foraminal decompression at the L4-5 with epidurolysis above a previous decompressive laminectomy at L5-S1. The injured worker reported he was without lumbar pain at the surgical site. He does report persistent unchanged leg pain, numbness and tingling. The injured worker was to start physical therapy at the time of the last office visit but has not started yet. The injured worker ambulated with a single point cane. There was a sitting straight leg raise that was mildly positive on the right, and negative on the left. There were no motor or sensory deficits. The treatment plan was for a postoperative MRI of the lumbar spine due to the severe radicular complaints. The rationale and Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The decision for MRI to the lumbar spine is not medically necessary. The lumbar spine x-rays should not be recommended in patients with low back pain and the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes that it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause: magnetic resonance imaging (MRI) for neural or other soft tissue, Computed Tomography (CT) for bony structures. There were no "red flag" signs or symptoms on the physical examination of the injured worker. There were no neurological deficits upon the examination reported. Motor and sensory deficits were normal. Straight leg raise test was mildly positive on the right. The injured worker is 6 weeks postoperative of a lumbar decompressive laminectomy at the L4-5. There were no objective findings to indicate the necessity of an MRI to the lumbar spine. Therefore, this request is not medically necessary.